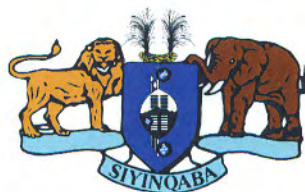


Kingdom of Swaziland

National Response To Psychosocial Needs of Children

**Three year Strategic
Plan 2008-2010**





**The Government of The Kingdom of
Swaziland**

**National Response To Psychosocial Needs of
Children**

Three year Strategic Plan 2008-2010

**The Deputy Prime Minister's Office
National Children's Co-ordination Unit
P.O. Box 5124
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Final Copy

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ANC	Ante-Neonatal Care
HIV	Human immunodeficiency virus
PSS	Psychosocial support
OVC	Orphans and vulnerable children
MoH	Ministry of Health
MoTAD	Ministry of Tinkhundla Administration and Development
ECCD	Early Childhood Care and Development
NCCU	National Children Coordinating Unit
AU	African Union
WiD	Women in Development
LL	Lihlombe Lekukhalela
ESA	East and Southern Africa
NGO	Non-Governmental Organization
NERCHA	National Emergency Response Council on HIV and AIDS
REMSHACC	Regional Multi-sectoral HIV/AIDS Coordinating Committee
TIMSHACC	TiNkhundla Multi-sectoral HIV/AIDS Coordinating Committee
COMSHACC	Community Multi-sectoral HIV/AIDS Coordinating Committee
FBO	Faith Based Organization
REPSSI	Regional Psychosocial Support Initiative
NCP	Neighbourhood Care Point
UNAIDS	Joint United Nations Programme on HIV/AIDS
CBO	Community Based Organization
UNCRC	United Nations Convention on the Rights of the Child
DPM	Deputy Prime Minister
M&E	Monitoring and Evaluation
UNICEF	United Nations Children Fund
WHO	World Health Organization
UNDP	United Nations Development Programme
WFP	United Nations World Food Programme
MOE&T	Ministry of Education and Training
AU	African Union

FOREWORD

The Deputy Prime Minister, Senator Themba N. Masuku

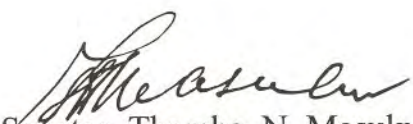
Human beings are said to be fully developed if they are socially, mentally, physically, emotionally and spiritually healthy, and the government of Swaziland is aware that these aspects are interrelated and contribute to the complete state of mind for any individual. We are also aware that if some of these components are lacking then, the individual is impaired. At the same time as a government we are well aware that a number of factors contribute to such situations. Unfortunately a large percentage of the Swazi children have found themselves in a situation where normal child development processes have been disrupted because of the myriad of challenges facing our country at the present moment.

The prevalence of HIV/AIDS in the country, recurring droughts and widespread poverty are challenges that are facing the Swazi Nation and have consistently contributed to the vulnerability of children throughout the country. The negative effects of HIV/AIDS on families has become embedded and entrenched within all layers of society, reversing roles and disrupting the normal child development processes.

In 2007, the country had more than 130,000 orphans and vulnerable children (OVC). More than 23% of children under 18 have lost one or both parents and more than 11% of children under 18 are vulnerable. Vulnerable children include those that have lost one parent in the previous year or children who are living with or caring for sick or dying parents. The HIV/AIDS pandemic has curved out a segment of population of strong men and women in the productive years of life---depriving children of the love, care and support offered by parents. These children are exposed to circumstances that have implications not only on their physical/material wellbeing but also psychosocial wellbeing.

The Swazi government together with its development partners has come up with programs aimed at addressing the development needs of these children but it is worrying to note that in most cases the focus or tendency has been on the physical, mental and spiritual development of the children leaving the aspects of emotional and social development to suffer. It is however encouraging and pleasing to note that as a way of strengthening the achievements of the National Plan of Action for OVC (2006-2010), a comprehensive PSS strategy encompassing both the child and the caregiver has been developed. This strategy will help to consolidate and improve what is already taking place on the ground and help to focus on new areas. It will direct the efforts of all stakeholders in making the Swazi children more resilient to the impact of the challenges of hunger, HIV/AIDS and other calamities. The strategy will facilitate empowerment of children to negotiate through these challenges safely.

Therefore I recommend that **all** stakeholders at various levels of care, support and decision making internalize and use this strategy as a guide to improve the quality of care and support for children. Let us **all** ensure that the hope of orphans and other vulnerable children in Swaziland never run dry.



Senator Themba N. Masuku
Deputy Prime Minister

ACKNOWLEDGEMENTS

This Strategy document for Psychosocial Support Programming in the country is yet another important document that paves a way to better address children's needs in the country.

This strategic plan has been produced through efforts and inputs of a wide range of stakeholders through out the country and a big thank you is due to all of them. Heartfelt appreciation goes to the representatives from Government line ministries, members of the Child Protection Network, National Emergency Response Committee on HIV/AIDS (NERCHA), UN agencies, International and local Non-governmental (NGOs), Faith Based Organizations (FBOs) and Community Based Organizations, University of Swaziland, Nazarene College of Nursing, Consultants and individuals for their input, comments and contributions to this strategy document and for taking their time to attend many meeting to discuss children issues.

Production of this strategy document would not have been possible had it not been for the generous support of the United Nations Children's Fund (UNICEF), who offered their technical and financial support to see all the processes through. Special thanks also go to the Regional Psychosocial Support Initiative (REPSSI) for technical support and providing technical inputs during the process of producing this document.

DEFINITIONS OF TERMS

Considerable variations exist in definitions of such terms as a child, youth, orphan, psychosocial support, psychosocial intervention, psychosocial programmes, holistic approach, mainstreaming, and caregiver. The list below presents definitions of these terms in this report and in relation to psychosocial support (PSS) programming in the country.

Child: is any person under the age of 18

Orphans: Children below the age of 18 and younger who have lost either their father or mother (single orphan) or both parents (double orphan).

Youth: Persons aged 15 -30

Psychosocial support: A comprehensive supportive environment to meet the physical, social, emotional, mental and spiritual needs for an individual to facilitate well being. It is a continuum of care and support by which one can influence the social environment as well as individual capacities for the benefit of individual and social development. This ranges from the care and support offered by, parents, family members, friends, neighbors, teachers, health workers, caregivers and community members on a daily basis – ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance to care and support offered by specialized psychological and social services.

Under normal conditions for health and normal development, most children do not require additional PSS over and above the care and support offered by their families and households. Where this first circle of support is ruptured or broken, or other community members might have to step in. It is where and when this second circle of support is broken or ruptured, that external agencies have a role to play by offering programmatic psychosocial support interventions.¹

Early Childhood Care and Support (ECCD):² Refers to the holistic care and development of a child from conception to the age of eight (8) years. It includes physical, emotional, social, moral, spiritual, language, and cognitive development. ECCD is the practical application associated with the rights of the young child to survival, growth and development.

There are three components to the phrase Early Childhood Care and Development.

Early Childhood: refers to the unique period of a child's life from conception to eight years of age. During this time the brain develops to 90% of its capacity, and extra attention is required for a child to successfully make the critical adjustment into formal schooling.

Care: includes the physical needs of food, shelter and clothing, the social needs of interaction with other children and adults and social stimulation and the emotional needs of affection and security. The quality of interaction (care) between the caregiver and a child is most important³

Development: refers to the process in which a child starts to develop more complex levels of thinking, feeling, moving and interacting with others and objects around them. This process links

¹ REPSSI 11th march, 2008 NCCU Task Team Meeting

² Early Childhood Care and Development Policy Draft (March 11, 2008) ECCD is sometimes referred to as Early Childhood Care and Education (ECCE), Integrated Early Childhood Care and Development (IECD), Early Childhood Development (ECD), or other variations. These all refer to the same principles and practices associated with the formative years.

³ EFA Global Monitoring Report, 2007

all aspects of a child's development; the child's development status influences future learning, positively and negatively.

Psychosocial intervention: The term psychosocial intervention has come to refer to any planned Programme or activity that aims to improve the psychosocial well being of people. The term PS intervention arose in early 1990's as a reaction against the overly medical trauma (PTSD) model of response to children affected by conflict. The PS approach, as opposed to focused mental health, psychological or social welfare intervention, was developed in an attempt to advance a more sustainable and holistic approach to working with children affected by conflict, HIV/AIDS and other difficult situations. PS interventions are based on the following principles that the intervention:

- is situated within the local context and material environment, and the prevailing, culture and social values.
- Focuses on strengthening communities, families and other social institutions (schools) as protective spaces for children.
- Works to enable children to become active agents in building communities and planning their futures.
- Attempts to provide additional experiences that will enable emotional healing, promote coping and positive development despite the adversities experienced.

The aim of all interventions are to address children's issues and needs in a holistic manner and to place psychosocial interventions inside wider developmental contexts such as education or health care. This will create an integrated developmental approach to promoting psychosocial well being.⁴

Psychosocial Programmes:

Psychosocial programming is rights-based, child friendly, gender & age responsive, culturally sensitive and sustainable. It takes full account of the best interests of the child, and includes them as partners in decision making processes. The fundamental goals of PS programming are:⁵

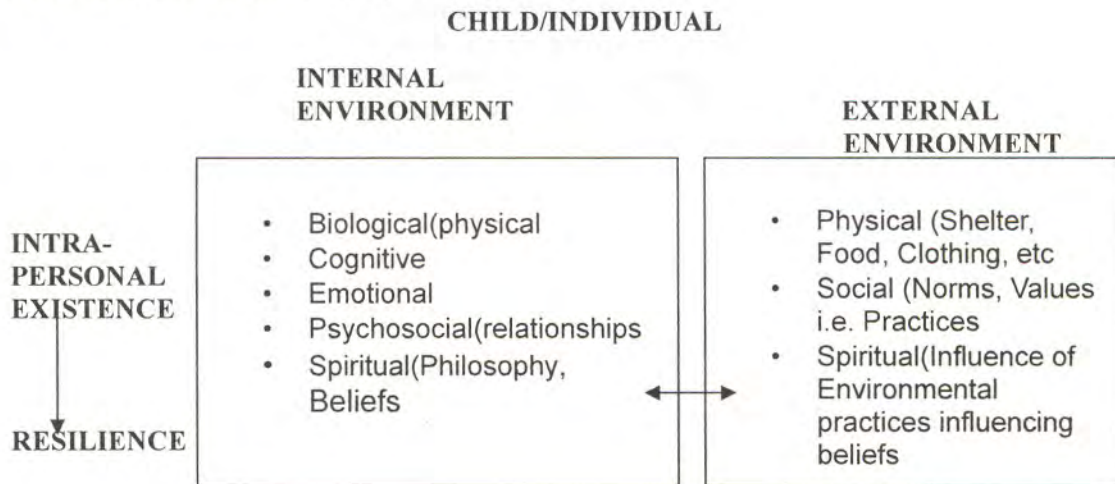
- Secure attachments (with caregivers) meaningful peer attachments
- Friendships, social ties and social competencies
- A sense of belonging
- A sense of self worth and value, self esteem and well being
- Access to opportunities for cognitive and spiritual development, physical and economic security
- Hope optimism and belief in the future.

Psychosocial programming uses a number of tools and methods to focus on the above areas and to link PS intervention goals to outcomes of specific kinds and to improve children's overall state of well being. These include group work with children and with caregivers, counseling, experiential learning, memory work, establishing child-centred meeting places (Child Friendly Spaces, Kids Clubs, Youth Groups), training of caregivers and service providers in working with children and advocating for Children's PS well being. An example of a PS intervention is the explicit linking of sports, play and recreation activities to experiential learning, to positive mentoring and coaching to opportunities for decision making and leadership, rather than just giving the children sports equipment and space to play.

⁴ REPSSI 11th March, 2008 NCCU task Team Meeting

⁵ Duncan, J & Arntson, L (2004)

Holistic approach: A comprehensive way of promoting wellness/well being of an individual as it attends to all components/elements in the internal and external environment. All aspects within and around the individual must be met for the individual to be healthy. The five spheres of the individual constantly interact with factors in the internal environment and are influenced by external environment as shown by the diagram below:



Psychosocial wellbeing: With regard to children, psychosocial wellbeing is the positive age- and stage- appropriate outcome of children's development. Psychosocial wellbeing is seen as an interdependent aspect of several other overlapping aspects of total or holistic wellbeing. As is the focus for holistic wellbeing, the focus for psychosocial wellbeing is not just on the individual, but on larger social units such as households, families and communities.

Psychosocial wellbeing has also been defined as the ability to make sense and have a degree of control over one's world with a sense of hope for the future. Various models of resilience also articulate important aspects of psychosocial wellbeing of children. The majority of these models focus on the resilience within the wider social environment in which the child is embedded and the influence that this has on an individual's coping and resilience.

Mainstreaming PSS for PS wellbeing: is an approach that involves treating PSS considerations as core factors to be incorporated throughout policy formulation, planning, implementation, evaluation and decision making for issues that have to do with children. This means making sure that in every part of the child's life (at home, in the classroom, on the playground, in the street, on the way to school, at the clinic, at the soup kitchen, at the Neighbourhood Care Point (NCP), at the kids club etc) the child feels socially and emotionally supported. Mainstreaming PSS means making sure that this "stream or river" of wellbeing flows widely, strongly and continuously in and around the child. It is therefore important to look at every aspect of a child's life and programming through PSS tinted lenses.

For example, within nutrition programme, while nutrition is not strictly a PS activity, the way food is distributed is important.

From a programmatic point of view, mainstreaming PS approaches and tools into an organization's work is powerful concept and tool to help a programme make sure that as many children as possible have access to psychosocial care and support- in as many areas of their lives as possible.

Care giver: Is anybody who renders any form of support to a child in need at different levels and settings. (E.g. parent, grandmother, NCP caregiver, teacher, nurse, *Lihlombe Lekukhalela (LL) Lutsango LwakaNgwane* and many others. These individuals' economic status differs. However this document will focus on **community caregivers** who are volunteering their time to care for the children.

EXECUTIVE SUMMARY

Swaziland is one of the most severely affected countries by the ravaging HIV/AIDS pandemic in East and Southern Africa. One of the most visible effects of the ravaging HIV pandemic is the striking increase in the number of orphaned and vulnerable children. The 2006-2010 National Plan of Action for OVC estimates 130,000 orphans and vulnerable children in Swaziland, with 70,000 of these as orphans (World Bank). It is projected that by 2010, the country will be home to more than 189, 000. This means that 15% of the population will be orphans. The pandemic has totally changed the way of life in Swaziland, affecting not only those infected, but also those affected, families, neighbours, the old and young. Reports indicate that 16,000 people die every year and 5 every day due to HIV related illnesses.⁶

The normal traditional support provided by extended family safety nets are under considerable strain. Relatives cannot cope with the magnitude of loss, leaving many children to face malnutrition, poor health, limited protection and lack of access to other basic services. The children are exposed to circumstances that have implications not only on their physical/material wellbeing but also psychosocial wellbeing. They face a number of vulnerabilities and risks, such as sexual exploitation and abuse, child labour early sexual debut early pregnancy, poor attendance & performance and poor physical and mental health. As a result, the psychosocial wellbeing of thousands of children in the country has been compromised.

Many of the children in the country are experiencing abnormal child development processes because of the challenges the country is going through, and yet the children are the future leaders of the country and the quality of their well-being will largely determine the future of the country. It is therefore important to address child development and needs in a comprehensive way and ensure that they are fully developed, socially, mentally, physically, emotionally and spiritually.

The government of Swaziland with its development partners has come up with programs/ interventions aimed at improving the psychosocial wellbeing children in the country, making them more resilient to the impact of all the challenges that they are facing. In an effort to strengthen and expand these programmes, a comprehensive three year (2008-2010) National Strategy has been formulated to give guidance and direction in responding to the psychosocial needs of children in the country. The strategic plan is aimed at ensuring that all children in need of psychosocial support (PSS) in Swaziland are reached. It will further strengthen and standardize the quality of PSS training, service delivery and finally advocate for mainstreaming of PSS in all programmes targeting children in the country. The strategy advocates that all PSS interventions should be grounded in the Swazi culture.

The strategy has been developed in a very participatory way with ideas, suggestions and contributions coming from a wide spectrum of government, NGOs, FBO, CBOs and private sector participants.

The PSS strategy is guided by the following nine (9) thematic areas. Under each thematic area, the strategy highlights strategic issues that the plan recommends be addressed for the benefit of the children

Thematic Area 1: Early Childhood Care and Development (ECCD)

There is a realization that although ECCD forms the foundation for lifelong learning and wellbeing of a person there is limited understanding of early childhood care and development issues by **all** those that the children come into contact with as they grow. As a result there is lack

of recognition of family roles and involvement in ECCD. There is also lack of deliberate focus on emotional child development and growth. The tendency has been to focus on providing for the physical (shelter, food, clothing, and water and school fees) more than the emotional needs of the children and this has compromised their wellbeing. The strategy therefore recommends raising of public awareness and understanding of child development processes & concepts and how this contributes to the kind of citizens the children grow up to become. This will be done through workshops, meetings and publication of ECCD articles in the local media. The strategy also recommends development of a National ECCD Policy.

Thematic Area 2: Psychosocial Support Awareness Raising:

It has been noted that whilst there is a lot happening in terms of PSS in the country, there is limited common understanding of “what psychosocial support” entails. PSS and issues around it are understood differently by many both at individual and at organizational levels. For PSS to be part of a holistic and comprehensive response to the needs of the children, all stakeholders involved in children’s programmes need to be brought on board with regards to PSS.

Thematic Area 3: Psychosocial Support Mainstreaming

If the country is to effectively respond to the psychosocial needs of children in the country, there needs to be a deliberate focus on PSS in national planning and programme development. The country should look at every aspect of a child’s life and programming through PSS tinted lenses. This means making sure that in every part of the child’s life (at home, in the classroom in the classroom, on the playground, in the street, on the way to school, at the clinic, at the soup kitchen, at the Neighbourhood Care Point (NCP), at the kids club etc) the child feels socially and emotionally supported. Mainstreaming PSS means making sure that this “stream or river “of wellbeing flows widely, strongly and continuously in and around the child. The strategy recommends development of PSS mainstreaming guidelines to support PSS partners as they mainstream PSS in their programmes.

Thematic Area 4: Standardization of PSS Programming

Whilst a lot of organizations have been carrying out PSS interventions, there are no national guidelines and standards on PSS programming. As a result it has been difficult to say whether the children are receiving quality services. There is lack of quality assurance standards for child care. The strategy proposes development of PSS planning & implementation guidelines and minimum standards for service provision.

Thematic Area 5: Capacity Building for PSS Programming

Generally, in the country there are many structures that are meant to ensure that the needs of the children are met. However due to various reasons, some of the structures have not effectively responded to the needs of the children. The same can be said about meeting the PSS needs of the children. It has been noted that there is limited capacity for PSS programming in the country. Communities for example who are the custodians of children and play a crucial role in PSS programming need to be empowered to effectively take up this role. Further, the strategy recommends that there should be a deliberate focus to empower children themselves to actively participate in planning and implementation of PSS activities. This way, the interventions are much more likely to have a positive, beneficial and lasting impact on children’s lives. This will be

done through workshops, dialogues, camps, debates, coaching sessions, community mobilization, consultations and learning visits internally and externally.

Thematic Area 6: Caring for community caregivers:

The majority of caregivers in the country (excluding caregivers employed and paid, such as teachers and caregivers working in formal institutions) are volunteering their time and effort without pay. Some are working for food rations, whilst others are not receiving anything except the satisfaction of taking care of the vulnerable children. This arrangement does not promote sustainability in the long term and leads to low levels of motivation amongst caregivers which in turn leads to high turnover rates of caregivers in the communities.

Further, it has been noted that these caregivers do not get the expected support from the rest of community members and feel overstretched and stressed. These caregivers play a very crucial role in PSS programming and if their needs are not addressed, PSS programming in the country is bound to suffer. The strategy therefore proposes that in order to improve the livelihoods of these caregivers it is important to ensure that they all benefit from the “National Community Based Sustainable Livelihood Programme” that is being supported by NERCHA. It is also important to conduct periodic de-briefing sessions and retreats for caregivers to give them time to meet and share experiences. The strategy also proposes aggressive community mobilization to ensure that communities give the caregivers the necessary support.

Thematic Area 7: Improved Co-ordination for PSS Programming

The success of this strategy rests on strong and effective coordination. It has been noted that there is still lack of clarity on which the coordinating body is in terms of children issues. Although some strides have been made in this regard with the establishment of the “National Children Coordinating Unit”, limited supportive legal instruments still create challenges for the unit. Further, there is a lack of clear harmonization of activities undertaken in communities has created confusion amongst community members over various interventions. The strategy therefore recommends that the NCCU is capacitated to effectively coordinate all PSS activities in the country and that collaboration amongst PSS partners is strengthened at all levels. Creation of a supportive legal environment for the implementation of children issues will contribute to effective coordination.

Thematic Area 8: Research, Monitoring and Evaluation

It has been noted that the country lacks systematic collection of data when it comes to children issues, including PSS. As a result there are no linkages between researchers, policy makers and implementers. In addition there are inadequate appropriate and effective monitoring & evaluation tools for PSS programmes. The strategy consequently recommends strong support for research studies into children issues and development of a National framework with guidelines and tools for monitoring and evaluation of

Thematic Area 9: Resource mobilization

Effective resource mobilization forms the backbone of PSS programming in the country. Without adequate resources it will be difficult to effectively meet the PSS needs of children in the country.

The plan proposes development and implementation of a comprehensive resource mobilization strategy that should be marketed internally and externally.

PSS programming is a mammoth task that calls for effective partnerships, with cooperating partners, community leaders and community members, government departments, FBOs, NGOs, CBOs , private sector and children themselves. The strategy emphasizes the fact that it is important that as all these stakeholders pull together, are clear of their roles and responsibilities. This will minimize conflicts, duplication and waste of resources.

On the overall the strategy is expected to facilitate provision of a holistic response to psychosocial needs of children in the country and empower Swazi children to be more resilient to the impact of the challenges of HIV/AIDS, hunger, poverty and other calamities. The strategy will facilitate empowerment of children to negotiate through these challenges safely. It is important therefore that this strategy is taken seriously and is used in conjunction with other policy documents in the country for the benefit of the Swazi "child".

1.0 BACKGROUND

The triple impact of HIV/AIDS, poverty and natural disasters is having a devastating impact on the lives and psychosocial wellbeing of millions of children in Africa. These children are vulnerable in almost all aspects of their lives.⁷ The orphans witness the prolonged illness and death of one or more family members and suffer mental distress as a result. These children also face other challenges such as increased malnutrition, lack of general health care, lack of schooling, early entry into paid and unpaid labor, loss of inheritance through "property grabbing", homelessness, early marriages, exposure to all forms of abuse and increased risk of HIV/AIDS. (Horizon Program: 2004). These conditions have a negative impact on the wellbeing of the children. Therefore, if these children are to develop and make a meaningful contribution to the development of their countries, it is important that a deliberate and concerted effort at all levels is directed at improving their wellbeing.

1.1 Regional Overview (East and Southern Africa [ESA])

According to the Regional Psychosocial Support Initiative (REPSSI) since the detection of HIV in the region (ESA) "in the early 1980's, the region bears the greatest burden of HIV infections. By the end of 2005, it is estimated that approximately 14, 803,100 people have been infected with HIV (UNAIDS, 2006). A staggering 9 of the 10 most severely affected countries in the world are in East and Southern Africa and include, South Africa, Swaziland, Botswana, Mozambique, Lesotho, Namibia, Malawi, Zambia and Zimbabwe. AIDS is the leading cause of mortality among adults in ESA. UNAIDS (2006) estimates that AIDS accounts for approximately 7 out of 10 deaths among adults aged 25 to 49 in the region. These deaths from AIDS have left in their wake a growing number of orphans and vulnerable children (OVC). The region has the unenviable record of having the world's highest proportion of orphaned children with the best available estimates suggesting that between 13% and 15% of the children may be single or double orphaned (UNICEF, 2006)"⁸

Further, in ESA children are increasingly rendered vulnerable due to chronic poverty and natural disasters. In other words, the negative impact of HIV & AIDS poverty and natural disasters are "mutually reinforcing each other to create an unprecedented catastrophe in the region. The result of the crisis is the growing number of children that have weakened traditional child security and social protection mechanisms. Care and support for children affected by HIV & AIDS, poverty, natural disasters have primarily focused on addressing their material needs. The secondary focus of interventions has been to address the needs for education for children. The fewer interventions being implemented have not been able to adequately address psychosocial needs of children affected by HIV & AIDS; poverty and natural disasters in the region.

"The limited availability of psychosocial support to these children has reduced resilience, coping skills and social connectedness. Such deprivation in turn place children at risk of isolation, apathy, drug or substance abuse, truancy, self-exploitation and criminal behavior. In addition to the direct effects on the children, the absence of psychosocial support will impact affected communities in the region if"⁹ no strategies are put in place to respond to the challenges faced by these communities. It is becoming apparent that the demand and need for guidance and capacity

⁷ Haworth and Kalumba 1991; Foster et al 1995; Foster et al 1997

⁸ REPSSI Strategic Implementation Plan (2007-2011) REPSSI is a registered NGO under Section 21 of the South African Companies Act Enterprise Number : 2005/004648/0

⁹ REPSSI Strategic Implementation Plan (2007-2011)

building support to expand the responses is mounting indicated by the recommendations of the regional conferences.¹⁰

1.2 Country Overview

HIV/AIDS, deepening drought and high levels of poverty present greatest threats to the realization of children's rights¹¹ in Swaziland, where HIV prevalence rate estimated at 26% among productive adults. AIDS related deaths per annum are increasing and life expectancy has reduced dramatically to only 31 years.¹²

Both poverty and HIV and AIDS have destabilized communities and families, disrupted support systems and affected psychological, physical, emotional, spiritual, social and economical well being. HIV/AIDS is permanently altering the structure of Swazi society. By 2025 there will be a thinning of older age group and the very young. Increasing deaths among productive age groups will lead to an increasing dependency ratio, constraining coping mechanisms and growth.¹³

Further declining food security at household level due partly to worsening drought conditions, decrease in utilization of arable land and deaths of productive family members, has left many children in the country hungry. Self-sufficiency in food production has declined from 60% to 40% over the past three years.¹⁴ Such challenges inevitably impact opportunities for experiencing both positive physical and mental health, which in turn increases further susceptibility to situations that can lead to contracting HIV¹⁵.

In Swaziland, the negative effects of the HIV/AIDS pandemic on families has become embedded and entrenched within all layers of the society. The illness and death of one parent, and very often both parents continue to rob children of care & support and throws families and communities into a cycle of deepening poverty. Roles are being reversed, with children caring for ill parents and trying to fend for themselves economically. It is projected that the number of orphans and vulnerable children will increase from the present estimate of 130,000 to over 189,000, by 2010¹⁶. The impact of parental death on children is complex and affects both mental health and social functioning. Orphanage and vulnerability may stunt development of emotional intelligence and life skills (such as communication, decision making, negotiations skills etc.), as well as decrease hope in the future, and self-esteem. Emotional intelligence, life skills and a healthy self-esteem are integral parts of healthy personality development and also form the foundation for the development of social skills. Sub-optimal development increases child vulnerability, which in turn increases risky behaviour and exposure to perpetual abuse.

¹⁰ Windhoek, Maseru and Entebbe workshops and conferences)

¹¹ The UN Convention on the Rights of the Child and the African Charter on the Rights of the Child specify that a child has a right to; a name, nationality and sense of identity; Affection, love and understanding. Opportunities for play and recreation; Learn to be a useful member of society and develop individual abilities

¹² Swazi Observer July 2007

¹³ Reviewing Emergencies: Shifting the paradigm for a new era by Amy Whaley and Allan Whiteside, 2007

¹⁴ ECHO, "Humanitarian Assistance to vulnerable groups in Lesotho and Swaziland affected by combined effects of drought and HIV/AIDS.

¹⁵ Poverty is regarded as one of the strongest predictors of mental disorders with both relative and absolute poverty negatively influencing mental health. (WHO, (2003) *The Mental Health Context* from the Mental Health Policy and Service Guidance Package)

¹⁶ National Plan of Action for Orphans and Vulnerable Children (2006-2010)

It is imperative that both the immediate and long term impacts caused by the adverse living conditions of our children, their families and their communities are addressed, so as to enable optimal child and societal development and thus ensure the future of the country. Failure to address them will ultimately jeopardize national development and survival.

Psychosocial support (PSS) has been recognized as an appropriate response to the needs presented by vulnerable populations, including orphans and other vulnerable children. It has been adopted as a national strategy and is included in the Second National Multi-sectoral HIV and AIDS Strategic Plan (2006 – 2008), as well as in the National Plan of Action for Orphans and Vulnerable children (2006-2010). This therefore calls for a comprehensive National PSS strategy to be adopted to improve service delivery in the country.

A National Psychosocial Support Curriculum for Swaziland has been drafted, which explains Psychosocial Support as support that considers the physical, emotional, mental, social and spiritual needs of an individual. It is a holistic approach to interventions that aims to improve the resilience and coping capacity through culturally appropriate methods. In order to build resilience to deal with life's challenges, it is essential that individuals receive psychosocial support and care from their immediate environments.

Psychosocial Support programs and interventions in Swaziland have two main foci. The primary focus is on strengthening families, communities and institutions (CBOs, NGOs, FBOs as well as government departments) to provide psychosocial care and support to vulnerable children within their familiar social networks. The second focus is on implementing programmes and establishing services that include formalized interventions such as counseling, debriefing and children's camps, retreats for caregivers. These are specially designed interventions that respond to particular vulnerabilities that may be jeopardizing individuals' coping abilities and their overall state of well being.

A multitude of partners in Swaziland are already working with strategies for strengthening the provision of PSS to children. A recent survey¹⁷ shows, however, that although much progress has been made in terms of initiating psychosocial support programs and strategies, a number of gaps hinder optimal development in the national response to the psychosocial needs of the children (**see table A for the SWOT**). This strategy paper aims at addressing the identified gaps by suggesting a unified national response to the psychosocial needs of the children in Swaziland. This should incorporate the cultural values that are in line with international, regional and national instruments promoting the rights of a child. Thus grounding all psychosocial interventions in the Swazi culture is not just ethical but is more likely to produce sustained effects/ impact.

¹⁷ A survey on Psychosocial Support Strategies for children in Swaziland was undertaken by UNICEF in 2007.

2.0 NATIONAL PSYCHOSOCIAL SUPPORT STRATEGY FOR CHILDREN

2.1 Introduction

This 3 year strategy (2008-2010) seeks to address PSS issues for children in Swaziland. The strategy will focus on the most urgent PSS programming concerns in Swaziland with a view to monitoring the situation and reviewing the strategy accordingly. The first three years will therefore focus on the issues of PSS awareness and mainstreaming, standardization of guidelines, training materials, monitoring and evaluation tools, incentives for caregivers; capacity building; caring for the carer, co-ordination of PSS programming; and resource mobilization for effective and efficient PSS programming in the country.

The strategy further, seeks to ensure that the needs of children in the country are addressed, including the needs of the children living with disabilities. There will be a deliberate focus on integrating Early Childhood Care and Development (ECCD) and PSS and ensure that the children in the 0-9 age bracket also receive requisite foundational care and support as they grow. This strategy is concerned with holistic early childhood development and advocates for an environment characterized by love, protection cultural fairness so that attitudinal and psychological healing can take place at a young age for those children living under difficult circumstances. All children, including those with special needs must be affirmed in their own right and encouraged to become life long learners and active creative and critical participants in society

This strategy has been developed in a participatory way with involvement of a wide cross section of stakeholders. The participatory nature in which this document has been developed invoke commitment of all stakeholders in ensuring that PSS pervades all development policies, planning, evaluation strategies, interventions, and decision making procedures that are focused at serving the "child"

A comprehensive implementation plan will be put in place to ensure that the strategy is translated into meaningful action on the ground.

2.2 Assumptions

This strategy is built on the assumptions that the involvement and participation of communities and partners involved in providing PSS to the children will be maximized; policies and legislation (*see table B*) needed for an effective, comprehensive and coordinated response to the children's psychosocial needs will be developed, put in place or finalized as a matter of urgency ; and that some of the existing Laws/Policies at Regional and International level (*see table C*) will stimulate the Government to "act" on children issues. Further, that coordination of the psychosocial response will be undertaken at a national level by the National Children's Coordination Unit; and that resources will be made available for the implementation of the activities needed to realize the psychosocial needs of the children.

2.3 Risks

Failure to address the assumptions in section 2.2 above will jeopardize the achievement of the vision and the objectives in the strategic plan.

2.4 Vision

By the year 2015, all children affected by HIV/AIDS, poverty, natural disasters and abuse shall receive the psychological, emotional, physical, social, cognitive and spiritual support to achieve optimal development and cope with life's challenges.

2.5 Mission

This strategic plan is aimed at ensuring that all children in need of psychosocial support in Swaziland are reached. It will further strengthen and standardize the quality of PSS training, service delivery and finally advocate for mainstreaming of PSS in all programs targeting children.

2.6 Philosophy

The philosophy which will guide the implementation of this PSS strategy is built on four (4) major elements:

- ◆ Comprehensive development of children and the environment they live in.
- ◆ Common national focus and understanding of the need for PSS for children.
- ◆ Stakeholders' (including children) involvement and participation in PSS activities
- ◆ Quality, sustainability and positive impact of PSS interventions

2.7 Value statement

Swaziland is a signatory¹⁸ to the United Nations Convention on the Rights of the Child (UNCRC) and endorses the values of the child rights and protection for all children. She endeavors to ensure that children's needs (including PSS needs) are holistically met. It is hoped that this strategy will trigger more effective and impact oriented action to improve provision of PSS and services to children thus improve the wellbeing of the "Swazi Child."

¹⁸ Swaziland ratified the UNCRC in 1995

3.0 GOAL AND OVERALL OBJECTIVES

3.1 Goal: To facilitate provision of a holistic response to psychosocial needs of children in Swaziland.

3.2 Overall objectives:

1. To raise awareness and strengthen the capacity of Communities, Civil Society and Government Departments for effective PSS and ECCD programming in the country.
2. To build and strengthen the capacity of NCCU to effectively coordinate the PSS activities in the country.
3. To facilitate mainstreaming of PSS in all children programmes and develop national guidelines and standards for PSS programming in the country.
4. To develop sustainable support and stress management systems for community/volunteer caregivers.
5. To develop and strengthen PSS monitoring & evaluation systems and tools to create and maintain a national data base on children issues
6. To facilitate and support research studies in children's issues in the country.
7. To develop and strengthen PSS interventions/services aimed at empowering the children.
8. To mobilize adequate financial and other resources for effective PSS programming in the country.

4.0 STRATEGIC ISSUES, OBJECTIVES, STRATEGIES AND OUTCOMES.

4.1 Early Childhood Care and Development¹⁹

4.1.1 Strategic issues:

There is limited understanding of early childhood care and development issues

Early Childhood Care and Development (ECCD) form the foundation for lifelong learning and wellbeing of a person. This entails processes by which children from birth to at least nine years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially. This is a crucial developmental phase that needs to be understood by all who come into contact with children. Understanding of this phase is particularly important in the current context of challenges facing the country and its children such as HIV/AIDS, natural disasters and rising levels of poverty, as impoverished families are not able to meet the developmental needs of their children without assistance. Unfortunately there is limited understanding of this important stage of child growth and development.

Lack of deliberate focus on emotional child development and growth:

The tendency has been to pay special attention to physical (shelter, food, clothing, water, and school fees) more than the child's emotional needs. This has resulted in children who are less resilient, who find it difficult to cope with stressful situations. Further, it has been noted that the social and cultural environment under which the children are brought up has tended to suppress exploratory nature within children and has as result stifled resilience spirit within children. There is therefore a need for a shift in mindset as regards this. People need to understand that when the emotional development of a child is not adequately supported, the child's chances of assertiveness, resilience are greatly reduced and his/her wellbeing is compromised. It has been noted that children who receive quality care in their early years are more likely to become productive participants in their communities.

Lack of recognition of family roles and involvement in ECCD:

"The care and development of young children must be seen as the foundation of social relations and the starting point of human race development strategies from family, community up to national levels."²⁰ In other words the *family* is recognized as the important starting point and therefore family members have a very important role to play in starting the process of child development and care. Unfortunately in some sectors there is misunderstanding first about what ECCD is, its value and who the players are in the whole process. It is important to note that it is at this stage where parents and other family members are able to detect the challenges in terms of the child's development process. Once some anomalies are detected the family is supposed to seek for help at an early stage and not wait until those are discovered by teachers at school when

¹⁹ It should be noted that this is a PSS strategy and as such focus is on PSS but ECCD issues will be tackled only at the level of awareness raising as it has been noted that there are linkages between ECCD and PSS and that ECCD forms the fundamental pillar of foundations for life long learning.

²⁰ White Paper on Education and Training, 15 March, 1995.

the child starts attending school. This therefore emphasizes the important role that the family has to play even after some disabilities have been noted for a particular child. It remains the responsibility of the family to continue, to love and care for the child and ensures that he/she get all in terms of physical/material, psychological, emotional and social wellbeing.

It is therefore important to note that “early childhood development must be approached within a wider and holistic context which includes multiple learning and development environments, namely the *family*, the community, the school, the church that influence the overall development of a child”.²¹

Table 1

Objectives	Strategies	Outcomes	Indicators
To raise public awareness and understanding of child development processes and concepts and how this contributes to the kind of citizens the children grow up to become	Empower families to understand ECCD and what role they play in the whole process. Capacitate families, communities, legislators (etc) on ECCD issues	Improved and common understanding of ECCD issues amongst stakeholders.	Number of awareness raising activities carried out. Number of people who have participated in the awareness raising activities
To facilitate acknowledgement of family roles and involvement in ECCD.	Empower stakeholders to acknowledge the vital roles/ involvement of families in ECCD.	Informed, responsible, protective and caring families Healthy, free, safe, protected, informed, self assertive and engaged children in the country.	
To advocate for a National Early Childhood Care and Development (ECCD) policy.	Support development and implementation of a national ECCD policy		
To strengthen understanding of the important linkages between ECCD and PSS	Facilitate understanding of linkages between ECCD and PSS among stakeholders.	Increased and common understanding of linkages between ECCD and PSS issues amongst stakeholders	

4.2 PSS Awareness Raising

4.2.1 Strategic issues:

There is lack of common understanding of the concept of PSS and issues around PSS:

Whilst the majority of partners implementing PSS activities are very clear on what the aims and intentions of PSS are, the public and other partners also working with children's issues but not directly involved in PSS projects do not understand the concept of PSS. For PSS to be part of a holistic and comprehensive response to the needs of the children, all stakeholders involved in children's programs need to be brought on board with regards to PSS. This will also encourage

²¹ [Http://ecdgrouph.harvard.net/guest doc/souafpol.html](http://ecdgrouph.harvard.net/guest doc/souafpol.html)

the needed mainstreaming of PSS into all programs targeting children. It will also be useful to understand the importance of integrating Early Childhood Care and Development (ECCD) with PSS.

Limited common understanding of psychosocial support: Although many partners are actively involved in providing PSS services, they have a limited understanding of what PSS is and why it is needed. This may be related to the limited focus on mental health in the country. Awareness of psychosocial well-being and psychosocial needs is critical considering the influencing factors resulting from the severe challenges facing the country today (namely, poverty, drought and high prevalence of HIV and AIDS).

Table 2

Objectives	Strategies	Outcomes	Indicators
To increase public (including media) awareness of psychosocial needs of children through advocacy channels by end 2008	<p>Articulate some of the critical stakeholders in the document whose awareness has to be raised:</p> <p>Raise awareness of psychosocial needs of children and the concept of psychosocial wellbeing through communication and advocacy activities.</p> <p>Mobilize communities on an on-going basis</p>	Increased public understanding of psychosocial needs of children in the country	Number of awareness raising, communication and advocacy activities undertaken
To increase understanding of PSS concepts amongst agencies working on children issues in the country	<p>Create awareness on psychosocial support issues for the media. Build their capacity and get them to report on PSS issues and what PSS is.</p> <p>Create a regular forum for all partners working with PSS for children for dialogue and sharing of best practices under the leadership of NCCU</p> <p>Mobilize communities on an on-going basis</p>	Increased, better and common understanding of PSS issues amongst agencies	Number of forums held for PSS partners to dialogue and share best practices
To raise public awareness of the need to also consider psychosocial needs of disabled children in the communities	<p>Sensitize the public about disability issues.</p> <p>Lobby for enactment of laws dealing with disabilities.</p> <p>Mobilize communities on an on-going basis</p>	Increased and improved understanding of PSS and disability issues within the society	Number of awareness raising activities carried out

4.3 PSS Mainstreaming

4.3.1 Strategic issue:

Limited focus on PSS in program development and in national planning: As has been mentioned, psychosocial support has been adopted as a national strategy both in the Second National Multi-sectoral HIV and AIDS Strategic Plan (2006 – 2008), and in the National Plan of Action for Orphans and Vulnerable Children (2006 – 2010). The majority of actions taken so far have been on training of caregivers, with a few partners engaging in specific PSS activities directly targeting the children. To achieve psychosocial well-being of children in the country in the years to come, it is necessary not just for partners to mainstream PSS activities into all interventions targeting children, but also ensure that PSS pervades all development policies, strategies and interventions directed at children.

Table 3

Objectives	Strategies	Outcomes	Indicators
To raise awareness amongst agencies of the need and importance of mainstreaming PSS in their programmes	Raise awareness amongst agencies of the need and importance of mainstreaming PSS	A better understanding of the importance of mainstreaming PSS and how it is done	Number of awareness raising activities carried out and number of participants who attended
To develop mainstreaming guidelines and tools for use by partners	Develop mainstreaming guidelines and tools	Mainstreaming guidelines and tools developed.	Document for mainstreaming guidelines and tools
To motivate and support agencies in the processes needed to mainstream PSS activities in their interventions targeting children in the country starting in 2008.	Motivate and support agencies to carry out mainstreaming processes	Motivated partners mainstreaming PSS into their programming using the guidelines and tools	Number of agencies that have mainstreamed PSS into their programs. Number of programs that have integrated (and thus mainstreamed) PSS
To facilitate learning visits to countries in the region where PSS mainstreaming has been successfully done.	Facilitate learning visits to countries in the region where PSS mainstreaming has taken place	Critical and useful feedback from the learning visits that will improve mainstreaming processes in the country.	Number of learning visits conducted and number of participants

4.4 Standardization of PSS Programming

4.4.1 Strategic issues

Lack of quality control of PSS training and service delivery: A draft Curriculum for training caregivers on PSS exists from 2006 and is yet to be finalized and adopted by all active partners. Training of caregivers of children is haphazard, with the use of different training materials and methodologies, varying in the duration of training and the actual topics covered. There is, thus no certainty that persons trained in PSS have access to the same standard or quality of training. This prevents surety that the children are receiving the high quality and informed care they are entitled to.

Lack of guidelines on planning and implementation of PSS activities: The vast majority of stakeholders working with PSS programs and activities have selected few and specific activities that are in line with their other program components. This in itself is not a problem, as mainstreaming PSS activities into other responses is a very positive development. The challenge however, is that the PSS activities are not developed according to national standards or guidelines as these do not exist. Related to the other issue of lack of coordination, the lack of national guidelines also results in partners adopting strategies for implementation that may not be compatible with other strategies implemented by others. There is also lack of quality assurance standards for child care (i.e. minimum standards of care). These need to be developed for each sector of care that will be part of service delivery in the strategy.

Table 4

Objectives	Strategies	Outcomes	Indicators
To develop planning and implementation guidelines for PSS programming in the country by the end of 2008.	Develop planning and implementation guidelines for PSS programming.	PSS Planning and Implementation guidelines in place and used by PSS stakeholders throughout the country Improved, better planning and implementation of PSS programmes in the country	The document on PSS planning and implementation guidelines Number of agencies using the guidelines
To develop minimum PSS standards for service provision as part of the strategy.	Develop minimum PSS standards for service provision Facilitate accreditation of the PSS guidelines and standards	Accredited PSS standards in place and being used by agencies throughout the country Improved quality of care for children in the country	Certificate of accreditation
To standardize training materials for training all caregivers on PSS by end 2008	Develop a national training kit for training caregivers.	A common national training kit for caregivers in place and being used by all agencies throughout the country	The actual training kit Number of caregivers trained using the training kit Number of agencies using the training kit

4.5 Capacity building for PSS programming

4.5.1 Strategic issues:

There is need to strengthen capacity for PSS programming in Swaziland:

Professional mental health and institutional services for children in Swaziland are extremely limited. For example even though the MOH prioritize service delivery for children, PSS services remain inadequate due to limited resources, hence the need to improve and expand such services. The few non-governmental organizations that offer professional counseling or therapy to children with such needs have limited capacity both in terms of qualified human resources, and financial resources to decentralize their services, hence the need to strengthen the capacity of other PSS service providers which include the following; the National Children's Co-ordinating Unit (NCCU), Children themselves, Public Service, NGOs, Private Sectors, Communities, Parliament portfolio committees, Media and other stakeholders.

"The NCCU serves as an apex body set up by the Government of Swaziland under the Deputy Prime Minister's Office for coordinating, monitoring and evaluation of children issues covering formulation of policies, strategies and national programs for protecting the rights of the child. This unit is expected to work with all stakeholders, such as government ministries, Non-governmental organizations, private sector, donors and community based organizations."²² It is therefore important that this unit is fully equipped to meet these tasks. This strategy seeks to address capacity issues in the following areas;

- Human Resources (Requisite skills and qualification)
- Resource mobilization
- Other materials

There is also need to look at capacity requirements for; NGOS, public service, and private sector and capacity building strategy will focus on the following:

- Specialized personnel on PSS issues for the purpose of adequate and effective provision of PSS services
- Resource mobilization to support PSS programmes.

Communities play a very crucial role in PSS programming and it is important to ensure that they are empowered to take up this role. There is therefore need for effective community

²² NCCU brochure, 2008

4.6 Caring for the Community Caregivers

4.6.1 Strategic issues

Lack of incentives for community (voluntary) caregivers: The vast majority of caregivers in Swaziland (excluding caregivers employed and paid, such as teachers and caregivers working in formal institutions) are volunteering their time and effort without pay. Some are working for food rations, whilst others are not receiving anything except the satisfaction of taking care of vulnerable children. This arrangement does not promote sustainability in the long term and leads to low levels of motivation amongst caregivers which in turn leads to high turnover rates of caregivers in the communities. Although it has been established that there is some turnover of community caregivers, there are no records to that effect. It would therefore be useful to come up with a database of community caregivers in a given Chiefdom which should feed into the national database. It is however important to note that NERCHA has come with, the “National

Community Based Sustainable Livelihood Programme” which is aimed at providing standard guidelines on sustaining the livelihoods of community caregivers. It is hoped that if all the caregivers participate in this programmes, this will be part of a mechanism of providing them with some form incentives.

Limited community support: Many communities are stretched to their limits due to poverty, drought and high death rates resulting from the HIV and AIDS pandemic. Caregivers are therefore taking on the entire responsibility of caring for particularly vulnerable children, without community support, and in some cases, without community respect. This increases the burden on the caregivers, who themselves mostly come from poverty affected homes. However in some cases community leadership has voiced concern about the fact that they are not aware of the existence and roles and responsibilities of these caregivers. It will be useful to find ways of keeping the local leaders aware and informed about the numbers and work of the community caregivers within a given Chiefdom.

Stress and burn-out: The issues outlined above add to the levels of stress and burn out experienced by caregivers. There are no strategies in place to protect caregivers from reaching dangerous levels of stress, and as caregivers have the most important role in caring for the children this ultimately jeopardizes the well-being of the children.

Table 6

Objectives	Strategies	Outcomes	Indicators
To facilitate implementation of a national plan for providing standardized incentives for all community caregivers so as to reduce caregiver turn-over.	Facilitate development and implementation of a national plan for standardized incentives for caregivers	National plan for standardized incentives for care givers in place and used throughout the country Motivated, happy and effective caregivers.	Number of caregivers who receive incentives at stipulated times.
To facilitate mobilization of communities to effectively support caregivers in care giving activities in their respective communities	Facilitate mobilization of communities to effectively support caregivers	More supportive communities Better understanding of the need for communities to support caregivers. Availability of databases for caregivers in all Chiefdoms Increased ability, capacity and willingness by communities to support caregivers	Number of community mobilization meetings/workshops Number of communities actively involved in activities of child care Number of caregivers in any given Chiefdom
To develop programmes aimed at reducing stress and burn-out amongst caregivers.	Develop programmes aimed at reducing stress and burnout amongst caregivers	Knowledgeable, skilled, motivated and informed caregivers	Number of caregivers trained in "Caring for the carer" Number of caregivers assigned a mentor/supervisor Number of caregivers who are members of "caregiver support groups"

4.7 Improved Co-ordination for PSS Programming

4.7.1 Strategic issues

Lack of clarity on who the co-coordinating body is and limited supportive legal instruments²³ :

The first and foremost concern is the actual lack of clarity on who is the co-coordinating body in terms of children issues; who is supposed to know who is doing what and where in terms of PSS. This issue has however been addressed to a certain extent with the establishment of the NCCU (*see figure 1*) late last year. What remains is for all stakeholders to accept and support this body. However this body is still bound to meet a number of challenges as it is born within an environment that is limited in terms of supportive legal instruments for children issues. There are several policies/ legal instruments that are still in draft form (*see table B*) There is therefore no doubt that lack of finalization of various instruments that have to do with various issues that cater for the rights and welfare of children compromises coordination towards delivery of services to the children.

Further, there is another challenge in terms of government development coordination structures. The government development coordination structures focuses at the regional level incorporating the four(4) Regional Centres of Shiselweni, Manzini, Hhohho, and Lubombo. Work below the regional structures is not adequately coordinated and monitored effectively. However, it should be noted that below the regional levels there are some coordination structures manned by Ministry of Tinkhundla Administration and Development, incorporating Women in Development structure (MoTA&D/ WiD). This structure is operational but is also not backed by any legal document and yet most of the work at the community level is guided by this structure. At the Chiefdom/Community level there are KaGogo Centres which do and oversee the following work:

- HIV and AIDS awareness raising, including Home Based Care
- Children's protection and care issues.
- Data collection and management with respect to vulnerable groups

The KaGogo Centres collaborate with the following in their work:

- *Lihlombe Lekukhalela (LL)*, largely for NGO works around child protection issues.
- Rural Health Motivators from the Ministry of Health
- Home Based Caregivers from the Ministry of Health and also NGOs
- Neighborhood Care Points run by NGOs largely and MoTA&D

²³ Those legal instruments available are in draft form

The new structure that is being proposed largely through the Deputy Prime Minister's (DPM)'s Office (*see figure 1*) seems to be much top heavy, focused at the national level coordination issues and leaving coordination at community level where most of the children are still an issue.

Confusion as regards coordination at community level: A lack of clear harmonization of activities undertaken in communities has created confusion amongst community members over various interventions. An example is the lack of understanding of the Kagogo centers and the neighbourhood Care Points. It is imperative that the issues of co-ordination are carefully looked at all levels particularly at community level where the majority of the children are. It is however important to note that at community level there is COMSHACC, a committee, composed of the following, (*Lihlombe Lekukhalela*; Rural Health Motivators; Home Based Carers; Neighbourhood Care Points caregivers; Community Police; Support groups; Church, School, Clinic and Development Committee representatives,) is responsible for coordinating community responses. The secretariat (Gogo Centre Manager) collects and manages data about vulnerable children, activities, and the number of caregivers who are active within the community. This committee is responsible for presenting the situation of the community to the Chief who will subsequently report to the community at large and encourage the community to respond to some of the issues that can be dealt within the community. The secretariat at community level is then required to send the report to TIMSHACC at inkhundla. The strategy will ensure that these structures at community level are capacitated and are able to provide relevant information about children and about PSS.

Therefore the success of this strategy hinges on strong and effective co-ordination of PSS activities at all levels that will ultimately reach and benefit the children.

Table 7

Objectives	Strategies	Outcomes	Indicators
To facilitate national coordination of Psychosocial Support programs for the benefit of all children in the country	Facilitate national coordination of PSS programs and activities for the benefit of all	Improved national coordination mechanisms of PSS programmes in the country	Existence of effective coordinating structures or bodies
	Strengthen the capacity of NCCU to effectively coordinate the provision of PSS services and activities in the country	NCCU is fully operational and effectively carrying out its coordinative role.	
	Clarify the national, regional and community coordinating bodies for children issues	Improved and common understanding of the coordinating bodies of children issues at all levels	Number of PSS activities co-coordinated through one national co-coordinating body
		A better understanding of coordination and how it is happening and the difference that it is making in the implementation of children' programmes	Number of children reached through one coordinated PSS strategy.

To strengthen collaboration between partners and thus reduce duplication of efforts and expand coverage of interventions	Strengthen collaboration between partners	Improved and on-going dialogue amongst PSS partners	
To establish a regular forum for all partners implementing PSS programmes for children for dialogue and sharing of best practices	Establish a regular forum for all partners implementing PSS programs	An active network of PSS partners who feel more confident and empowered to carry out their work	Number of partner members of the National PSS network Number of forums held for PSS partners to dialogue and share best practices
To facilitate creation of a supportive legal environment for the implementation of children issues	Facilitate creation of a supportive legal environment Advocate for drafting, reviewing and adoption of other legal instruments in order to create a supportive legal environment for implementing children's programmes Facilitate the review, finalization and submission for adoption the national policy on children by May 2008.	Final copy of National Policy on children	Number of legal instruments that are in the process of being finalised Number of PSS partners with policy documents and using them
To strengthen coordination mechanisms at community level and ensure that the structures are operating effectively	Strengthen coordination mechanism at community level and ensure that the structures are operating effectively	Improved coordination at community level An effective coordination mechanism at community level. Happy, protected, organized, well served and engaged children	Number of coordination meetings held monthly per Chiefdom and attendance Number of children benefiting from PSS activities per Chiefdom

4.8 Research, monitoring and evaluation

4.8.1 Strategic issues

The country lacks systematic collection of data when it comes to children and PSS.

Minimal research and documentation of the scope of psychosocial problems, or the impact of the programs aiming to strengthen PSS in Swaziland has taken place. This prevents planning of interventions that is based on facts and reduces opportunities for partners to learn from each other's lessons and best practices. Further, the majority of children policies put in place are not informed by findings of research studies carried out in the country. What it actually means is that there limited if not no linkages between researchers, policy makers and implementers.

Inadequate appropriate and effective monitoring & evaluation (M&E) tools for PSS programs/activities

One of the major downfalls of PSS program and activities in Swaziland to date is inadequate monitoring and evaluation of the impact of these activities. Most partners conduct programmatic monitoring and evaluation in line with the requirements of their overall organizational frameworks, and they do not engage in specific monitoring or evaluation of the PSS components. This prevents an assessment of whether the implemented interventions are having the desired impact on the children or improving their psychosocial well-being. No national guidelines or framework for effective M & E exist. Community based monitoring systems need to be strengthened so as to provide the required data for different data bases on children issues.

Table 8

Objectives	Strategies	Outcomes	Indicators
To facilitate and support research assignments on PSS interventions in order to develop data bases on children issues by end of 2010.	Facilitate and support research assignments on PSS and other children issues	Better understanding of linkages between research and policy formulation	Number of research studies conducted on PSS in the country
	Support comprehensive national needs assessment studies ²⁴	Informed strategic planning processes	Number of research institutions and universities conducting PSS research studies
	Provide opportunity for individuals to present research proposals to NCCU and receive support for valid proposals		
	Utilize local resources (researchers, institutions and universities) when it comes to research as they understand the		

²⁴ These studies could look at these questions: what are the current challenges; What needs do children have- material, physical, health psychosocial or education. Needs assessment of 18 year olds discharged from residential care, psychological needs of children in the communities versus children in institutions. What are the needs of care givers? How do families and communities cope? What is happening in the community as regards to property grabbing? How does the community react to it at the moment? How do children cope with it?

	<p>local context better and are most likely to come out with concrete researched findings</p> <p>Create a database for children accessing and in need of PSS in the country under NCCU</p>	Reliable data bases for children issues	
To develop a national framework with guidelines for monitoring and evaluation not only program components of PSS, but also psychosocial well-being of the targeted children	Develop a national framework with guidelines and tools for monitoring and evaluation	Acceptable common monitoring framework and tools used by PSS partners throughout the country	<p>Number of copies of the PSS M&E guidelines and tools produced</p> <p>Number of partners with the PSS M&E tools document</p>
To enable monitoring and evaluation according to the developed national framework by all PSS partners by end 2009	<p>Raise awareness on the importance and need for monitoring and evaluation of children's programmes</p> <p>Enable monitoring and evaluation of PSS programs using the M&E tools and guidelines</p> <p>Standardize reporting, monitoring and evaluation tools that will be understood by every stakeholder.</p> <p>Strengthen the following structures to allow collection and flow of data from grass roots level up to national level : NCPs, Social Centres - KaGogo Centres - Inkhundla - Region/NGOs - NCCU</p>	<p>Increased understanding of the importance of monitoring and evaluation of children's programmes</p> <p>Improved monitoring and evaluation of children's programmes</p> <p>Effective community based monitoring systems</p> <p>Improved ability to collect data by grassroots structures</p>	<p>Number of partners using the national monitoring and evaluation tools according to the framework developed</p> <p>Number of children monitored using the national monitoring tools</p> <p>Number of programmes evaluated according to the framework</p>

4.9 Resource Mobilization

4.9.1 Strategic issues

Resource mobilization forms the backbone of PSS programming

To enable a national response to the psychosocial needs of the children in Swaziland through one national strategic framework, effective national resource mobilisation is needed. Although individual partners can continue with separate resource mobilisation, they will be encouraged to report such funds obtained to support PSS to the NCCU for ensuring equitable distribution of resources to facilitate equal PSS service delivery. This national response mobilisation effort would support a national and unified PSS response without deterring individual partners from continuing with separate resource mobilisation. One unified resource mobilisation strategy will provide possible funders and donors with a clear view of how each partner's response fits into the national response.

It is also important to come up with local fund raising activities and not continue to rely on external donor funding. In this regard, there will be need to lobby for social corporate responsibility from local companies.

Table 9

Objectives	Strategies	Outcomes	Indicators
To facilitate mobilization of adequate resources for the implementation of PSS programmes for children	Develop a resource mobilization strategy.	An acceptable resource mobilization strategy	Number of proposals submitted to donors
	Involve PSS stakeholders in proposal development for resource mobilisation based on identified PSS needs.	Comprehensive project proposals sent to a number of possible donors	
	Merge proposals submitted by partners and come up with one national PSS resource mobilisation document	Comprehensive PSS budget accepted by the government	
	Submit a comprehensive prioritized and justified budget to government	Representatives of local and international donor agencies and companies who better understand and appreciate the need and importance of supporting PSS initiatives	Number of resource mobilization activities carried out and attendance to such functions.

	<p>Lobby parliament for an allocation of financial resources under the National Budget for implementing PSS programmes in the country</p> <p>Lobby for mainstreaming of PSS budgets in all relevant ministries.</p> <p>Lobby for social corporate responsibility from local companies</p> <p>Create a website with relevant PSS information and needs and advocate for resources from possible funders</p>	<p>Better understanding of the importance and need to support PSS activities</p> <p>A user friendly and informative website accessible to interested viewers throughout the world</p>	<p>Budget allocations for PSS programming</p> <p>Number of ministries which have made budgetary provisions for PSS programming</p> <p>Number of local companies supporting PSS programmes</p> <p>Number of organizations and individuals who have viewed the website</p>
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5. ROLES AND RESPONSIBILITIES

The success of this strategy also depends on stakeholders, knowing, accepting and effectively carrying out their roles and responsibilities. It is important also to note that as stakeholders discharge their roles and responsibilities, they are mindful and make use of the existing networks and referral systems because no single agency can successfully address the PSS needs of the children in the country.

The roles and responsibilities of PSS stakeholders have been summarized under the different sectors as shown below, but detailed roles and responsibilities of individual relevant ministries²⁵ are described below:

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Summary of roles and responsibilities of stakeholders

Sector	Roles and responsibilities
<p>Communities</p> <p>(include, families, caregivers, children, schools, churches, Lutsango LwakaNgwane, NCPs, Social centres, KaGogo centres, COMSHACC</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Custodian of children and should ensure that every child who needs PSS accesses it. <input type="checkbox"/> Should bring up children in a conducive and loving environment <input type="checkbox"/> Provide support and guidance to children <input type="checkbox"/> Provide moral and spiritual leadership <input type="checkbox"/> Identify relevant PSS service providers and bring them to where children are or take the children to where service providers are (which ever is appropriate). <input type="checkbox"/> Provide quality care to children <input type="checkbox"/> Advocate for implementation of PSS programs in their areas. <input type="checkbox"/> Are aware of their rights and responsibilities <input type="checkbox"/> Offer PSS to other children <input type="checkbox"/> Collect data and prepare reports for iNkhundla <input type="checkbox"/> Schools should mainstream PSS in their programmes <input type="checkbox"/> Monitoring and advisory services
<p>Government Ministries, Departments and Statutory Bodies</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Government in general has broader role of ensuring that rights of children are fully met. This is done through different government ministries and departments which have specific roles and responsibilities as outlined below <input type="checkbox"/> Government has to provide resources for the implementation of PSS activities.

²⁵ The roles and responsibilities given are taken from the National Children's Policy, 2008.

NGOs, CBOs and FBOs	<input type="checkbox"/> Provide a wide range of services for children, their families, communities and government (these differ per agency see table 4) <input type="checkbox"/> Provide, services, information, resources, and perform advocacy activities around specific issues such as HIV/AIDS, children rights, child abuse, ECCD, PSS. (have some degree of flexibility in their roles & responsibilities) <input type="checkbox"/> Provide crucial services and on the ground care for children
Academic Institutions and Research agencies	<input type="checkbox"/> Involvement in research and analysis, some focusing specifically on children issues, others more generally on socio-economic conditions (see table 4 for specific roles) <input type="checkbox"/> Documentation and advocacy
Donor Agencies and Funding companies and agencies (Include, UNDP, UNICEF, UNAIDS, UNESCO, WHO, WFP, EU, World Bank, UNFPA)	<input type="checkbox"/> Local and International donor agencies, local companies provide financial and other resource to support implementation of PSS programming in the country either through government or through NGOs, CBOs, FBOs, Academic Institutions and Research agencies <input type="checkbox"/> Provide technical support

Key Ministry	Roles and Responsibilities
Health	<input type="checkbox"/> Ensure access to quality health and social services. <input type="checkbox"/> Sensitize and train regional, local leaders and technical persons in the provision of services focusing on OVC. <input type="checkbox"/> Carry out periodic situational analysis of children and on-going monitoring of situation of OVC. <input type="checkbox"/> Manages elderly grants <input type="checkbox"/> Advocate for mobilization of resources for children, and promoting effective and efficient resource allocation and use in conformity with government policies and strategies. <input type="checkbox"/> Take leadership for the preparation of periodic reports to International Committee on the Rights of the Child and following up to ensure their timely submissions
	<input type="checkbox"/> Develop and implement strategies that will make education accessible and affordable

NGOs, CBOs and FBOs	<input type="checkbox"/> Provide a wide range of services for children, their families, communities and government (these differ per agency see table 4) <input type="checkbox"/> Provide, services, information, resources, and perform advocacy activities around specific issues such as HIV/AIDS, children rights, child abuse, ECCD, PSS. (have some degree of flexibility in their roles & responsibilities) <input type="checkbox"/> Provide crucial services and on the ground care for children
Academic Institutions and Research agencies	<input type="checkbox"/> Involvement in research and analysis, some focusing specifically on children issues, others more generally on socio-economic conditions (see table 4 for specific roles) <input type="checkbox"/> Documentation and advocacy
Donor Agencies and Funding companies and agencies (Include, UNDP, UNICEF, UNAIDS, UNESCO, WHO, WFP, EU, World Bank, UNFPA)	<input type="checkbox"/> Local and International donor agencies, local companies provide financial and other resource to support implementation of PSS programming in the country either through government or through NGOs, CBOs, FBOs, Academic Institutions and Research agencies <input type="checkbox"/> Provide technical support

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	<input type="checkbox"/> Develop and implement strategies that will make education accessible and affordable

Education and Training	<p>to all children, including OVC.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Publicise and popularize the children's policies and children's rights through the education system. <input type="checkbox"/> Revise the syllabus used at teacher training institutions to incorporate issues of children's rights, special needs of OVC and PSS. <input type="checkbox"/> Provide guidance and counseling services and programmes for children. <input type="checkbox"/> Develop strategies that promote early childhood care and development education <input type="checkbox"/> Train teachers and guardians to instill spirit of resilience in children including OVC. <input type="checkbox"/> Educate parents, caregivers and community members about caring for the OVC <input type="checkbox"/> Research and disseminate information on good practices and lessons learnt for effective programme planning and implementation
Tinkhundla Administration and Development	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure that there is proper and effective coordination of children programmes at the regional and community levels. <input type="checkbox"/> Facilitate the implementation of community initiatives such as NCPs, as a site for supervision and service delivery to children and the LL, for protection of children from abuse <input type="checkbox"/> Support efforts directed at the identification of OVC and ensure that children including OVC are gaining access to appropriate services provided at community level. <input type="checkbox"/> Maintain a management information system which records OVC numbers in communities and all other children who need PSS services. <input type="checkbox"/> Integrate an OVC strategy (which includes PSS) and costed work plan into overall Regional Development plan
Justice and Constitutional Affairs	<ul style="list-style-type: none"> <input type="checkbox"/> Develop legislation for the promotion and protection of children's rights, including property and inheritance rights, protection from sexual abuse and exploitation. <input type="checkbox"/> Negotiating and drafting of legal instruments pertaining to children including OVC. <input type="checkbox"/> Develop a system of recording of births and deaths and monitor numbers and status of OVC. <input type="checkbox"/> Monitor the enforcement of children's rights <input type="checkbox"/> Facilitate the administration of justice for children, including developing more "child friendly" courts and procedures,

Economic Planning and Development	<p>family/child and juvenile courts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure that census and other statistical studies incorporate key questions regarding children's status. <input type="checkbox"/> Analyse information on poverty and its implications for the wellbeing of children. <input type="checkbox"/> Build consensus on poverty strategies including to "put children first" as a priority for long term poverty reduction. <input type="checkbox"/> Ensure that children's issues including the girl child are taken into account in the formulation of poverty reduction and other development programmes. <input type="checkbox"/> Place priority in national development initiatives reaching the neediest children <input type="checkbox"/> Develop small-scale initiatives (credit-schemes and income generating activities) targeted to resource-poor families especially those responsible for OVC. <input type="checkbox"/> Review adequacy of allocations for children in the national budget and support the sectors to strengthen their budgeting for children issues. <input type="checkbox"/> Mobilize donor resources for children's programmes.
Finance	<ul style="list-style-type: none"> <input type="checkbox"/> Provision of a regulatory framework for the country's financial sector that will monitor use of financial resources for children, including ensuring proper use of funds for initiatives targeting the neediest. <input type="checkbox"/> Allocate financial resources to government agencies that implement child welfare programmes and activities. <input type="checkbox"/> Mobilize resources for children's interventions, including developing creative ways to raise funds on a sustainable basis for specific programmes earmarked for PSS programmes.
NERCHA	<ul style="list-style-type: none"> <input type="checkbox"/> Provide funding for PSS programming <input type="checkbox"/> Monitor PSS programmes <input type="checkbox"/> Provide technical and advisory services to ensure effective and efficient PSS programming <input type="checkbox"/> Advocate for PSS programmes support with government and the International community.

6. LOG FRAME MATRIX FOR PSS STRATEGY.

Objective 1

To raise awareness and strengthen capacity of communities, Civil Society and Government departments for effective PSS and ECCD²⁶ programming in the country

Strategy 1: Awareness raising

Outcome	Activities	Inputs	Outputs	Indicators	Time Frame
1.1 A document with a list of critical stakeholders whose awareness needs to be raised.	1.1.1 Identify and clearly document/specify critical stakeholders whose awareness needs to be raised	Personnel to put the document together Stationery Budget/Funds	At least five (5) copies of the document produced	Number of quality document showing the list of critical stakeholders	By end of June, 2008
1.2. Increased and improved understanding of PSS, ECCD issues	1.2.1 Design awareness raising campaigns 1.2.2. Conduct awareness raising meetings for communities 1.2.3. Host a breakfast meeting for Heads of child focused NGOs and Government departments for PSS and ECCD awareness raising	Consultant Facilitators Secretarial services Stationery Conference facilities	Awareness raising campaign document in place An average of six (6) meetings per Chiefdom At least three (3) breakfast meetings	Number of quality documents detailing the awareness raising campaign produced and distributed Number of community meetings held and feedback from the communities Number of breakfast meetings held and number	July-August 2008

²⁶ It should be noted that this is a PSS strategy and as such focus is on PSS but ECCD issues will be tackled only at the level of awareness raising as it has been noted that there are linkages between ECCD and PSS and that ECCD forms the fundamental pillar of foundations for life long learning.

	<p>1.2.4. Conduct awareness raising workshops for programme managers and officers of child focused NGOs and Government departments</p> <p>1.2.5. Publish relevant articles and programs about PSS in the local media</p> <p>1.2.6 Participate in the development of the ECCD policy</p>	<p>Budget/Funds</p> <p>Cooperation from local media</p> <p>Cooperation from the Ministry of education</p>	<p>PSS articles in the local media</p> <p>Informed discussions and valuable inputs for the ECCD Policy</p>	<p>of participants</p> <p>Feedback from the public</p> <p>Number of articles published in the local press, radio programmes aired in different stations. Television programmes screened resulting in better understanding of PSS, and ECCD issues</p> <p>Approved draft ECCD policy</p>	<p>July - August 2008</p>
<p>2.1 PSS Capacity building package (curriculum) in place</p> <p>2.2 Government Officers, NGO, FBO and CBO Officers; media personnel have the capacity to plan and implement PSS programs.</p>	<p>Strategy 2: Capacity Building</p> <p>2.1.1 Design capacity building package (curriculum) for PSS programming</p> <p>2.2.1 Conduct workshops, meetings, coaching sessions, discussion forums</p> <p>2.2.2 Facilitate the selection of candidates for a course on children at risk offered by REPSSI</p>	<p>Consultant</p> <p>Facilitators</p> <p>Budget/Funding</p> <p>Willing and committed candidates</p>	<p>At least 5 copies PSS Capacity Building Curriculum produced</p> <p>Number of workshops held and number of participants attended</p> <p>Number of Candidates doing the course</p>	<p>Approved copies of the capacity building curriculum produced and distributed</p> <p>Improved capacity to implement PSS programmes</p> <p>Improved understanding of PSS issues and child care as reflected by the supervisors' reports</p>	<p>December, 2008</p> <p>On-going</p> <p>May 2008 – July 2009</p>

		Financial support from REPSSI			
Objective 2 To build and strengthen the capacity of NCCU to effectively coordinate the PSS activities in the country					
Strategy 1: Build and strengthen capacity of NCCU					
Outcome	Activities	Inputs	Outputs	Indicators	Time Frame
1.1. NCCU staff has the capacity to effectively coordinate PSS activities in the country	1.1.1 Identify and fill the positions with qualified and committed personnel.	Support from the Project Steering Committee and Ministry of the Public Service	Full complement of NCCU staff as per the organogram	Committed, effective and efficient NCCU staff.	By end of July, 2008
1.2. Acceptable Capacity Building Plan in place	1.1.2 Develop and implement a staff development plan		Staff development plan	Reports from PSS stakeholders about support they get from NCCU staff	On-going
1.3. Improved PSS knowledge levels, skills and capacities of the PSS Officer	1.1.3 Organise exposure/learning visits for PSS Officer to REPSSI and other countries in the region	Cooperation from REPSSI Budget/Funding	At least two (2) exposure/learning visit	Quality documents and reports produced by NCCU staff Comprehensive trip ²⁷ reports	By December, 2008
<p>²⁷ There will be a standard format for comprehensive trip and workshop reports to be used by all PSS stakeholders</p>					

Objective 3

To facilitate mainstreaming of PSS into all children programmes and develop National PSS Standards

Strategy 1: Awareness raising on the need for mainstreaming PSS

Outcome	Activities	Inputs	Outputs	Indicators	Time frame
1.1. PSS stakeholders who understand and appreciate the need and importance of mainstreaming PSS in their programmes	1.1.1. Conduct a series of awareness raising workshops/meetings on the need for PSS mainstreaming for different levels of PSS stakeholders (e.g. Policy Makers, Directors of agencies, Program staff, Community Leadership and Caregivers)	Facilitators Meeting venues Budget/Funds Financial and technical support from REPSSI	At least four (4) awareness raising meetings/workshops	Comprehensive Workshop reports including evaluation comments from participants	July – September, 2008

Strategy 2: Develop/Formulate mainstreaming guidelines and tools

2.1. Acceptable mainstreaming guidelines and tools in place	2.1.1. Conduct a workshop for a core group of PSS stakeholders to formulate the mainstreaming guidelines and tools	Facilitators Workshop venue Participants Financial and technical support from REPSSI	At least hundred (100) copies of the guidelines and tools document produced	Increased capacity to mainstream PSS Number of quality copies produced and distributed	August-December, 2008
2.2. A better understanding of PSS mainstreaming through use of common guidelines and tools	2.2.1 Conduct a series of workshops to orient partners on the use of the PSS mainstreaming guidelines and tools	Facilitators Workshop venue Participants Financial and technical support from REPSSI	Mainstreaming activities underway	Comprehensive Workshop reports including evaluation comments from participants Increased capacity to mainstream PSS as reflected by review reports	January, 2009

Strategy 3: Motivate and support PSS mainstreaming

Outcome	Activities	Inputs	Outputs	Indicators	Time Frame
3.1 An identifiable number of PSS partners who have mainstreamed PSS into their programmes	3.1.1 Introduce and present a PSS Mainstreaming award	Support from companies for the prize/award Facilitators	Number of partners who have received the awards	Partner programmes reflecting PSS mainstreaming Reports by award winning partners to share experiences on mainstreaming	January - December, 2009
3. PSS partners with new-experiences and better understanding in mainstreaming and with increased know-how on PSS mainstreaming	3.2.1 Organize learning or exposure visits for selected representatives of PSS partners to one of the countries in the ESA region that has done well in terms of PSS mainstreaming	Willing representatives from PSS partners Support from REPSSI Cooperation from countries in the region Funding	At least two (2) visits PSS mainstreamed in partner programmes	Number of representatives who undertook the visits and number of visits conducted Comprehensive trip reports	Between November, 2008 and March, 2009

Strategy 4: Develop PSS standards

Outcome	Activities	Inputs	Outputs	Indicators	Time Frame
4.1 Situational Analysis Report on PSS standards in the country	4.1.1 Conduct a situational analysis to determine what PSS standards are in place amongst PSS partners	Consultant Funding/Budget	Number of copies of reports produced and circulated	Better understanding of the current situation concerning PSS standards in the country	August-September, 2008
4.2 Informed PSS stakeholders about existence of PSS standards	4.2.1 Distribute the copies	Support from PSS partners		Comprehensive report	

in the country	of the situational report			indicating the current status in terms of PSS standards in the country distributed	
4.3. Acceptable common PSS standards developed and in place.	4.3.1 Convene a workshop to consolidate PSS standards guided by the situational report	Facilitator Participants Budget/funds	Document with agreed upon PSS standards	Comprehensive workshop report Approved PSS standards	September - November 2008
4.4. An effective and efficient PSS Quality Control Team	4.4.1 Build a core team from PSS stakeholders to work with REPSSI on Quality Assurance for any PSS related materials (manuals, tools, guidelines and standards)	Facilitator Team members Support from REPSSI Budget/Funds	Quality control of all PSS materials	Quality control certificates	By end of December, 2008
4.5 A common national training kit for caregivers in place and being used throughout the country	4.5.1 Consolidate all PSS training materials and come up with a National PSS training kit	Consultant Support from REPSSI Budget/Funds	At least one thousand (1000) copies of the training kit produced and distributed to partners	Approved training kits produced and distributed to PSS partners.	By February, 2009

Objective 4

To develop sustainable support and stress management systems for community/volunteer caregivers

Strategy 1: Facilitate implementation of the National Programme for standardized incentives for caregivers

Outcome	Activities	Inputs	Outputs	Indicators	Time frame
1.1 National plan for standardized incentives for caregivers in place and used throughout the country	1.1.1 Hold meetings with NERCHA to discuss progress on the implementation of the National Based Sustainable Livelihoods Programme (NCBSLP) ²⁸	Support and cooperation from NERCHA	Number of caregivers benefiting from the NCBSLP	Reports from benefiting caregivers on their socio economic status	On-going
Strategy 2: Facilitate development and implementation of programmes aimed at reducing stress and burnout amongst caregivers					
2.1 Knowledgeable, skilled, motivated and informed caregivers	2.1.1 Conduct training/ refresher training of caregivers using uniform materials and award certificates of participation where relevant.	Readily available training materials Support from NCCU	At least six (6) workshops held per Chiefdom	Comprehensive training reports Improved quality of services by caregivers	On-going
	2.1.2 Organise bi-annual retreats for caregivers throughout the country	Support from PSS partners Budget/Funds	At least two (2) retreats conducted for caregivers per region	Comprehensive reports about retreats from PSS partners and caregivers themselves	Starting in June, 2008
	2.1.3 Conduct de-briefing, coaching, mentoring sessions with caregivers periodically and offer relevant support as per situation		At least one (1) de-briefing, coaching and mentoring session conducted for caregivers per month per partner	Comprehensive reports about de-briefing, coaching and mentoring sessions from PSS partners and caregivers themselves	On-going

²⁸ This is a National Programme that is being supported by NERCHA. The focus should be on strengthening this programme rather than coming up with new programmes. However it is important to ensure that all caregivers are participating and benefiting from the programme

Objective 5

To establish and strengthen PSS monitoring & evaluation systems and tools to create and maintain a national data base on child ren issues

Strategy 1: Create awareness on the need and importance of having effective monitoring systems

Outcome	Activities	Inputs	Outputs	Indicators	Time frame
1.1 Directors of agencies who understand and appreciate the need for a robust M&E system	1.1.1 Convene a breakfast meetings for Directors of agencies to discuss the need, role and importance of a National robust PSS M&E system and lobby for their support	Facilitator Support from Directors of agencies Meeting venue Budget/Funds Facilitators	At least two (2) breakfast meetings On-going support for M&E activities	Number of breakfast meetings held and number of participants	September-December, 2008
1.2 Increased and better understanding of the importance of monitoring and evaluation amongst communities	1.2.1 Conduct awareness raising meetings for communities	Support from PSS partners	At least six (6) awareness raising meetings per Chiefdom	Number of meetings held Comprehensive reports by facilitators	October, 2008 to August, 2009

Strategy 2: Develop a National M&E framework and tools

Outcomes	Activities	Inputs	Outputs	Indicators	Time Frame
2.1. A robust M&E system and monitoring tools in place	2.1.1 Conduct a five -day M&E workshop to review and develop M&E tools for all M&E Officers from PSS partners	Facilitator Participants (M&E Officers)	User friendly and manageable M&E tools	Comprehensive workshop report	December, 2008 – April, 2009
2.2 Improved monitoring and evaluation skills amongst M&E		Workshop venue	Functional M&E systems	Number of Officers effectively using the tools	

Officers		Budget/Funds			
2.3 Appropriate M&E capacity development packages for different levels of PSS stakeholders including communities and children in place	2.3.1 Design and develop M&E capacity development packages for different levels of PSS stakeholders	Consultant Budget/Funds	Number of M&E capacity development documents produced and distributed to partners	Comprehensive report by the consultant Number of partners using the package	December 2008-February, 2009

Strategy 3: Enable monitoring and evaluation of PSS programs using the common M&E tools

Outcome	Activities	Inputs	Outputs	Indicators	Time frame
1.1. Improved overall capacity to carry out M&E activities	1.1.1 Train M&E Officers and members of the community based monitoring teams on practical aspects of M&E, reporting and documentation and maintenance of database	Facilitator Participants Training venue Support from REPSSI Budget/Funds	Number of M&E Officers trained	Comprehensive training report Enhanced monitoring skills amongst PSS partners	February – December 2009
1.2. Improved and systematic way of data collection on children issues in the country.					
1.3. Effective and efficient program monitoring and evaluation of children programs in the country	1.1.2 Conduct coaching clinics for M&E Officers in the respective agencies as per need. 1.1.3 Create and maintain a National data base for children who need and have received PSS	Support from the NCCU, M&E Officer Support from PSS partners	Number of coaching clinics held	Reports from PSS partners on coaching sessions	Starting in October 2008, thereafter on-going On-going

<p>1.4. Improved quality of country PSS reviews</p> <p>1.5. Critical and useful findings to strengthen the PSS processes</p> <p>1.6. Improved quality of monitoring and program reviews</p> <p>1.7. Critical and useful findings to strengthen the PSS processes in the country and to inform future programming and way forward for the next strategic plan</p>	<p>1.1.4 Facilitate learning/exposure visits internally and externally to some of the countries in the ESA region from selected participants from PSS stakeholders including the NCCU M&E Officer.</p>	<p>Support from communities and PSS partners</p>	<p>Reliable and up to date data base</p>	<p>Comprehensive trip reports</p>	<p>October, 2008</p>
	<p>1.1.5 Put in place a core team of M&E Specialists from the PSS stakeholders who will lead in reviews, monitoring and evaluations</p>	<p>Support from the NCCU M&E Officer and PSS Partners</p>	<p>At least two (2) visits to two countries in the region</p>		
	<p>1.1.6 Conduct a mid-term review and reflection exercise of PSS processes in the country</p>	<p>M&E core team</p>	<p>Useful data collected through monitoring activities</p>	<p>Reports from the M&E core team</p>	<p>June, 2009</p>
	<p>1.1.7 Conduct an end of phase evaluation for the PSS 2008-2010 strategy period</p>		<p>Improved country reviews</p>	<p>Approved comprehensive Mid-term review report</p>	
		<p>External Consultant</p>	<p>Achievements, challenges, gaps, improvements needed in terms of PSS programming in the country</p>	<p>Approved end of phase evaluation report</p>	<p>October, 2010</p>

Objective 6**To facilitate research studies in children issues in the country****Strategy 1: Support research studies on PSS and other children issues**

Outcome	Activities	Inputs	Outputs	Indicators	Time frame
1.1. Chief Executive Officers(CEOs) and Heads of NGOs and Government departments in the country who understand, appreciate and are supportive to the research agenda on children issues	1.1.1 Convene breakfast meetings for CEOs of possible funding agencies and heads of relevant government departments and NGOs to discuss funding of research studies and the implementation of recommendations from the studies	Budget/Funds Meeting venues Facilitators Support from organizations and companies	At least two (2) meetings conducted and	Document that gives the research priorities around children issues in the country	October – December, 2008
1.2 Increased and better understanding of the importance of research and linkages with policy making for better care of children in the country	1.2.1. Conduct meetings with research institutions, universities, NGOs donor agencies to discuss concerns around research studies around children issues and prioritize research studies that need to be undertaken in the country.	Facilitators Support from the research institutions and universities Meeting venues Budget/Funds	At least two (2) meetings conducted and	Approved Policy document on research guidelines in place	By end of March, 2009

Strategy 2: Motivate and encourage organizations/individuals to carry out research studies							
1.1	Motivated and willing individuals and organizations to conduct research that will ultimately be beneficial to the children in the country	1.1.1	Fund organizations, institutions and individuals to carry out research studies in the country around children issues.	Researchers Investment and support from the government and other donor agencies	Total budget for research assignments	Number of research studies funded and conducted Reports of research studies conducted	February, 2009 onwards
		1.1.2	Introduce and award the National Children Research award to the organizations or individuals who have carried out outstanding research assignments	Funding Support for the awards	Number of organizations or individuals receiving the awards	Increased levels of motivation and willingness to do research	On-going
		1.1.3	Publish and disseminate research findings and the recommendations of research studies conducted on children issues in the country.				
		1.1.4	Lobby for use of research findings and recommendations for policy formulation and implementation	Support from policy makers	At least three (3) research studies conducted per year		
1.2	Children policies that are addressing practical and real issues for children in the country.	1.2.1	Design guidelines for implementation of recommendations from research studies			Evaluation report on the use of the guidelines	February-April, 2009

Objective 7

To develop and strengthen PSS interventions/ programs aimed at empowering children

Strategy1: Build and strengthen the capacity of children including the disabled to participate, monitor and document PSS

issues

Outcome	Activities	Inputs	Outputs	Indicators	Time frame
1.1. Knowledgeable, organized, vibrant, informed and participative children	1.1.1. Conduct workshops, discussion forums, camps, competitions and meetings for children to discuss an array of issues concerning them	Facilitators Support from PSS partners	At least six (6) workshops/discussions on forums or camps held per Chiefdom	Conduct interviews conduct competitions, debates, projects with children and administer evaluation questionnaires	On-going
1.2. An active network of children who are confident and empowered to speak out on issues affecting them	1.2.1 Strengthen and set up children PSS committees/forums throughout the country and build their capacity to represent their peers at different levels where children issues are being discussed	Budgets/Funds	At least three (3) forums established per <i>Sigodzi</i> Number of children participating in the forums/committees	Reports from children indicating level of participation Comprehensive reports from network throughout the country	On-going
1.3. Vibrant, participative and informed children	1.2.2 Purchase PSS kits for use by children throughout the country	Support from REPSSI Support from UNICEF	Number of children using the PSS kits	Quality of articles produced by children	November, 2008-March, 2009

Objective 8 To mobilize adequate financial and other resources for effective PSS programming in the country Strategy 1: Design and develop a resource mobilization strategy					
Outcome	Activities	Inputs	Outputs	Indicators	Time frame
1.1 An acceptable and comprehensive resource mobilization strategy for PSS programming in place	1.1. Put together a resource mobilization strategy	Consultant Support from PSS partners Budget/Funds	Resource mobilization strategy document	Quality, approved document circulated	By August, 2008
Strategy 2: Lobby for financial support					
1.1 Increased opportunities for getting resources to support children's programmes in the country	1.1.1 Conduct meetings with the following: - Parliamentarians to lobby for budgetary allocations for PSS programming - CEOs of local companies to lobby for support as part of social corporate responsibility 1.1.2 Organize meetings to market the PSS Strategy Document and the PSS Resource mobilization strategy	Facilitators Cooperation from Parliamentarians Cooperation from donor agencies, companies	Number of successful meetings held Number of successful meetings held	Funding commitments /pledges	By September, 2008

7. References:

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3. Foster, G. et al 1997, "Factors leading to the establishment of Child-headed household: The case of Zimbabwe," *Health Transition Review* 7 (supp) : 155-168
4. UNAIDS, UNICEF, USAID, 2004; "Children on the Brink" A Joint Report on new Orphan Estimates and a Framework of Action. New York: UNICEF.
5. Duncan, J. & Arntson, L. 2004, *Children in Crises: Good Practices in Evaluating Psychosocial Programming*. The International Psychosocial Evaluation Committee and Save the Children Foundation Inc.

8.0 ANNEXES (tables, figures and lists)

Table A **Strengths, Weaknesses, Opportunities and Threats**
(SWOT analysis)

<p><i>STRENGTHS</i></p> <ul style="list-style-type: none"> • The country has HIV and AIDS programmes addressing the protection needs and rights of OVC. • The NPA has a section on PSS • The new Constitution provides for protection of children including the children living with disabilities. • There are PSS interventions in place in the country 	<p><i>WEAKNESSES</i></p> <ul style="list-style-type: none"> • Lack of common understanding of PSS issues amongst stakeholders • Limited number of trained specialists/professional in the PSS field. • Weak coordination of children issues including PSS interventions • Lack of data base on children issues including PSS • Generally weak programme monitoring and evaluation systems in the country
<p><i>OPPORTUNITIES</i></p> <ul style="list-style-type: none"> • Government's commitment to CRC (ratified in 1995) and OVC NPA. • Government's willingness to partner with NGOs. • Agreement between Government and UN Agencies. • Body of laws dealing with children is available in the country (e.g. Draft bill on children) • Existence of National Children's Coordinating Unit and Child Protection Network. • Existence of two children's Portfolio Parliamentary Committees. • Existence of the body of laws on the continent (e.g. African Charter on the rights and welfare of children. • Existence of structures at community level. 	<p><i>THREATS</i></p> <ul style="list-style-type: none"> • Government machinery slow to act on pending laws (e.g. Draft bill on children) • Government is yet to ratify the African Charter on the rights and welfare of children. • Increase in HIV prevalence and number of OVC. • Widespread poverty (economic instability) • Persistent drought and food insecurity • Over dependence on donors • Competition amongst stakeholders especially NGOs

**Existing Regional and International Legal Instruments to do with Child
Protection²⁹**

Table B

Legal Instrument	Description
African Charter on the Rights and Welfare of the Child	The primary continental instrument related to children is the African Charter on the Rights and Welfare of the Child, adopted by the OAU in July 1990 and entered into force in November 1999. The Charter spells out rights as well as responsibilities for Africa's children. It further recognizes the universality of Human Rights and agrees that everyone is entitled to all the rights and freedoms recognized and guaranteed in the Universal Declaration of Human Rights, without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status. The charter also considers with concern the situation of most African children which remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances, natural disasters, armed conflicts, exploitation and hunger, and on account of the child's physical and mental immaturity he/she needs special safeguards and care. The African charter further acknowledges that the child occupies a unique and privileged position in the African society and that for the full and harmonious development of his personality, the child should grow up in a family environment in an atmosphere of happiness, love and understanding.
African Common Position on Children- "An Africa Fit for Children"	The African Common Position was prepared as Africa's contribution to the 2002 UNGASS session. It includes a Declaration and Plan of Action, and consists of guidelines as well as a framework identifying priorities and roles for Governments and other stakeholders. A mid-term review of the Common Position is being conducted by the AU, to assess the level of implementation within countries.
Accelerating Action for Child Survival and Development in Africa to meet the MDGs	This is a Heads of State decision taken in July 2005. It has led to increased collaboration between the AU, UNICEF and WHO. On orphans and vulnerable children (OVCs), UNICEF takes the lead, with the AU participating in regional meetings.
AU Award for Children's Champions in Africa launched July 2006	The rationale behind this award is to enhance the rights and welfare of children by "recognizing initiatives of individuals and organisations in promoting the rights of the child and their commitment to raising the living standard of children in their communities
United Nations Convention on the rights of the Child (UNCRC)	The Convention on the Rights of the Child was unanimously adopted by the United Nations General Assembly on 20 November 1989 and entered into force on 2 September 1990. The Convention, which contains 54 articles, is a comprehensive instrument which sets out rights that define universal principles and norms for children. It provides children with fundamental human rights and freedoms as well as takes into account their need for

²⁹ Child Protection Strategy, World Vision, 2007

Table 4

List 1

PSS partners in Swaziland

The following is a list of partners working with PSS in Swaziland or otherwise engaged in interventions targeting children. (Supplement with other partners who attend the CPN)

- ❖ Ministry of Education & Training- ETGPS
- ❖ Ministry of Health
- ❖ Ministry of Tinkhundla Administration and Development
- ❖ UNICEF
- ❖ UNAIDS
- ❖ UNDP
- ❖ UNESCO
- ❖ UNFPA
- ❖ WFP
- ❖ WHO
- ❖ NERCHA
- ❖ ACAT
- ❖ AMICAALL
- ❖ Baylor COE
- ❖ CANGO
- ❖ Care Nakekela
- ❖ CARITAS Orphan Aid
- ❖ Children's Cup
- ❖ Church Forum
- ❖ COSAD
- ❖ National Disaster Management Agency
- ❖ FAO
- ❖ FAWESWA
- ❖ Family Life Association of Swaziland
- ❖ Hope House
- ❖ Hospice at Home
- ❖ LDS
- ❖ Lighthouse
- ❖ Lutsango Lwaka Ngwane
- ❖ Moya Centre
- ❖ Peace Corps
- ❖ REO's
- ❖ Royal Swaziland Police
- ❖ SACRO
- ❖ Salvation Army
- ❖ SASO
- ❖ Save the children
- ❖ Scripture Union
- ❖ Sebenta
- ❖ Schools Health and Population Education
- ❖ Swaziland National AIDS Programme
- ❖ SOS Children's Village
- ❖ Swaziland Youth United Against AIDS
- ❖ SWAAGA
- ❖ SWANNEPHA
- ❖ SWAPOL
- ❖ Swaziland Council of Churches
- ❖ Swaziland Red Cross
- ❖ TASC
- ❖ United States Embassy
- ❖ Vusumnotfo
- ❖ YFC
- ❖ WLSA
- ❖ World Vision
- ❖ World University Services Swaziland

List 2:

International PSS partners

A multitude of international partners are working with PSS related activities, and partnerships with these would undoubtedly prove beneficial to the Swaziland network of PSS partners. Many of them can be approached for funding opportunities. The list below is by no means exhaustive.

- ❖ Adherence Support Programme at Department of Health, Kwa-Zulu Natal, South Africa
- ❖ CINDI, South Africa
- ❖ FICE (Federation of International Educative Communities)
- ❖ Humuliza (terre des hommes, Tanzania)
- ❖ International Association of Counsellors
- ❖ International Federation of Red Cross and Red Cross Societies (Psychosocial Support Reference Center based in Copenhagen, Denmark)
- ❖ International HIV/AIDS Alliance
- ❖ Kara Counseling and Training Centre, Lusaka, Zambia
- ❖ Kenya Association of Professional Counsellors School of Counseling Studies
- ❖ Kitovu OVC Program
- ❖ Masiye Camp (Salvation Army, Zimbabwe)
- ❖ Mental Health Information Center, South Africa
- ❖ National Association of Child Care Workers (NACCW), South Africa
- ❖ Network of AIDS Researchers in Eastern & Southern Africa (NARESA), based in Nairobi, Kenya -PMTCT Course
- ❖ Regional AIDS Training Network (Kenya)
- ❖ Regional Psychosocial Support Initiative, South (REPSSI) Africa
- ❖ SADC (Gender Program Unit)
- ❖ SADC (HIV/AIDS HSD Cluster Program)
- ❖ SCOPE/OVC Program, Zambia
- ❖ SDC, SIDA, Novartis
- ❖ SIDA, Sweden
- ❖ Sinoziso, South Africa
- ❖ South African Depression and Anxiety Group (SADAG)
- ❖ Southern Africa AIDS Training Program
- ❖ Terre des hommes, Schweiz
- ❖ The AIDS Support organization, (TASO), Kampala, Uganda
- ❖ The Bernard van Leer Foundation
- ❖ The Carter Center of Mental Health Program
- ❖ The Caspari Foundation, London
- ❖ The Clifford Beers Foundation
- ❖ The CONNECT Institute of Systemic Counselling, Harare, Zimbabwe
- ❖ The Danish International Development Agency (DANIDA)
- ❖ The International Rehabilitation Council for Victims of Torture
- ❖ The Swedish Red Cross
- ❖ The Swiss Embassy
- ❖ The University of Copenhagen Centre for Multi-Ethnic Traumatic Stress Research and Practice (MET)
- ❖ The World Health Organization (WHO)
- ❖ UNAIDS Inter country team (Pretoria)
- ❖ UNESCO (Regional AIDS Program)
- ❖ UNICEF (Eastern & Southern Africa)
- ❖ United States
- ❖ University of Victoria, Australia
- ❖ WHO – Afro (Mental Health & HIV/AIDS)
- ❖ World Association for Psychosocial Rehabilitation
- ❖ World Federation for Mental Health
- ❖ Young Minds, UK

List 3:

List of members that participated in the first drafting workshop of the National PSS strategy

1) Dr. J.S Siphepho	-	University of Swaziland
2) Phumaphi Nene	-	Ministry of Tinkhundla Administration and Development
3) Wandile Zwane	-	Ministry of Tinkhundla Administration and Development
4) Stukie P. Mamba	-	MoL&SS (Dept of Labour)
5) Samaria Gama	-	NCCU
6) Phindile Mashwama	-	Nazarene College of Nursing
7) Emmanuel Phakathi	-	Super Buddies
8) Bhekithemba Mavuso	-	SHAPE
9) Nonhlanhla A. Sukati	-	University of Swaziland
10) Leckina Magagula	-	R.S.P
11) Eric Maziya	-	DPM's Office(Social Welfare)
12) Lungile Mathabela	-	Private Sector (Occupational)
13) Sharoon L. Hlatshwayo	-	Mbabane Govt Hospital
14) Hazel Zungu	-	MoET
15) Nsizwa Gama	-	Ministry of Natural Resources
16) Lomalungelo Dlamini	-	Mental Health Program
17) Lomagugu Mamba	-	Mental Health Program
18) Sandile Ndzimadze	-	Save the Children
19) Vierah T. Hlatshwayo	-	DPM's Office (Social Welfare)
20) Sibongile Hlatshwayo	-	DPM's Office (Social Welfare)
21) Cebisile Nxumalo	-	MoET)
22) Kerry Gibson	-	Moya Centre
23) Matthew Griffiths	-	MoET
24) Nompumelelo Lukhele	-	MoJCA (DPP)
25) Zethu Ntuli	-	MoET (REO Manzini)
26) Felix Vilakati	-	Swaziland Council of Churches
27) Obed Magai	-	Salvation Army
28) Dr. P.T Mngadi	-	University of Swaziland
29) Nozipho Mkhathswa	-	NERCHA
30) Dr. Linda Dube	-	REPSSI
31) Eric Motau	-	REPSSI
32) Mduduzi Shongwe	-	UNICEF
33) Clara Dube	-	UNICEF
34) Zee Masuku	-	Independent Consultant
35) Ncane Dlamini	-	NCCU
36) Phathisiwe Ngwenya	-	Consultant (UNICEF/NCCU)



unicef 
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